



State of New Hampshire

2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/27/2014

Business ID: 439251

William M. Gardner

Secretary of State

COLD STONE SPRINGS, LLC

% PIERCE ATWOOD LLP, 1 NEW HAMPSHIRE AVENUE S350
PORTSMOUTH, NH 03801

ADDRESS OF PRINCIPAL OFFICE:

225 WEST WACKER DRIVE, SUITE 1500
CHICAGO, IL 60606

REGISTERED AGENT AND OFFICE:

PUESCHEL, SCOTT E, ESQ
1 NEW HAMPSHIRE AVENUE S350
PORTSMOUTH, NH 03801

ENTITY TYPE: LLC

BUSINESS ID: 439251

STATE OF DOMICILE: NEW HAMPSHIRE

PIPELINES & MAINS FOR TRANSPORT, DELIVERY OF WATER

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. The Old Mountain Company, Inc.

STREET 225 West Wacker Drive
Suite 1500

CITY/STATE/ZIP Chicago Il 60606

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

David Johnson

Please print name and title of signer:

David Johnson

/

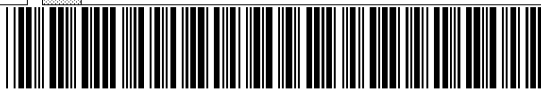
AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



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